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## Home &gt; Montana 2004 &gt; Ballot Measures &gt; I-148: Allows For The Use Of Medical Marijuana

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## Ballot Measure Summary

## I-148: Allows For The Use Of Medical Marijuana

I-148 would allow the production, possession and use of marijuana by certain patients with debilitating medical conditions.

Subject: Marijuana - Medical

Status: PASSED

[return to top](#)

## Ballot Measure Committees

TABLE 1: Ballot Measure Committees

Ballot Committee	Records	Total
Pro Ballot Committees		
MEDICAL MARIJUANA POLICY PROJECT OF MONTANA	135	\$555,082
Pro Total:		\$555,082
Overall Total:		\$555,082

[return to top](#)<http://www.followthemoney.org/database/StateGlance/ballot.phtml?m=314>

833 N. Last Chance Gulch -- Helena, MT 59601  
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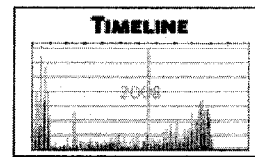
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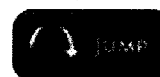
## Home &gt; Montana 2004 &gt; Contributions to MEDICAL MARIJUANA POLICY PROJECT OF MONTANA

Total number of contributors: 5 (Show individual contribution records)  
 Total amount: \$555,082

## More Tools



Results: 1-5 of 5



Contributor Industry	Location	↓ Total ↓	Records
MARIJUANA POLICY PROJECT <i>Other: Single Issue Groups</i>	WASHINGTON, DC	\$554,505	123 See Records
UNITEMIZED DONATIONS <i>Nonpartisan Unitemized Contributions</i>	MT	\$392	9 See Records
PICKENS, JEFFERY S <i>Uncoded</i>	STILLWATER, OK	\$100	1
SATHER, EDWIN <i>Retired</i>	KAISER, OR	\$50	1
RUSOFF, ANNE C <i>Uncoded</i>	BOZEMAN, MT	\$35	1

[http://www.followthemoney.org/database/StateGlance/contributor\\_details.phtml?&c=1271&t=1&s=MT&y=2004&summary=1](http://www.followthemoney.org/database/StateGlance/contributor_details.phtml?&c=1271&t=1&s=MT&y=2004&summary=1)

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Candidate	Party	Office/District	Election Status	↓ Total ↓
SCHWEITZER, BRIAN & BOHLINGER, JOHN C	DEMOCRAT REPUBLICAN	GOVERNOR / LIEUTENANT GOVERNOR	Won	\$1,408,540
BROWN, BOB & LEWIS, DAVE	REPUBLICAN	GOVERNOR / LIEUTENANT GOVERNOR	Lost - General Election	\$1,138,833
DAVISON, PAT & MIHALIC, DAVID	REPUBLICAN	GOVERNOR / LIEUTENANT GOVERNOR	Lost - Primary Election	\$707,640
NELSON, JIM	NONPARTISAN	SUPREME COURT DISTRICT SW 005	Won	\$262,116
YOUNKIN, CINDY	NONPARTISAN	SUPREME COURT DISTRICT SW 005	Lost - General Election	\$230,588
MCCULLOCH, LINDA	DEMOCRAT	SUPER OF PUBLIC INSTRUCTION	Won	\$225,270
MCLEAN, EDWARD P	NONPARTISAN	SUPREME COURT DISTRICT SW 006	Lost - General Election	\$208,936
MORRISON, JOHN	DEMOCRAT	AUDITOR	Won	\$201,593
JOHNSON, BRAD	REPUBLICAN	SECRETARY OF STATE	Won	\$177,027
KENNEDY, BILL	DEMOCRAT	SECRETARY OF STATE	Lost - General Election	\$151,960
MORRIS, BRIAN	NONPARTISAN	SUPREME COURT DISTRICT SW 006	Won	\$151,738
MCGRATH, MIKE	DEMOCRAT	ATTORNEY GENERAL	Won	\$82,387
MILLER, KEN & BUCHANAN, WAYNE	REPUBLICAN	GOVERNOR / LIEUTENANT GOVERNOR	Lost - Primary Election	\$73,345
ELLINGSON, JON	DEMOCRAT	SECRETARY OF STATE	Lost - Primary Election	\$68,448
WEINBERG, DAN	DEMOCRAT	SENATE DISTRICT 002	Won	\$65,241
LIND, GREG	DEMOCRAT	SENATE DISTRICT 050	Won	\$62,928
GRIMES, DUANE	REPUBLICAN	AUDITOR	Lost - General Election	\$57,682
OHAIR, TODD	REPUBLICAN	SECRETARY OF STATE	Lost - Primary Election	\$54,144
VINCENT, JOHN & SEXTON, MARY	DEMOCRAT	GOVERNOR / LIEUTENANT GOVERNOR	Lost - Primary Election	\$49,747
WARDEN, BILL	REPUBLICAN	HOUSE DISTRICT 063	Won	\$46,002
RANEY, BOB	DEMOCRAT	PUBLIC SERVICE COMMISSIONER DISTRICT 003	Won	\$45,015
WILLIAMS, CAROL	DEMOCRAT	SENATE DISTRICT 046	Won	\$40,838
KEATING, TOM & BRAINARD, MATT	REPUBLICAN	GOVERNOR / LIEUTENANT GOVERNOR	Lost - Primary Election	\$28,245
DOTY, RUSSELL L	DEMOCRAT	PUBLIC SERVICE COMMISSIONER DISTRICT 002	Lost - General Election	\$27,606
ANDERSON, BOB	REPUBLICAN	SUPER OF PUBLIC INSTRUCTION	Lost - General Election	\$27,088
MOLNAR, BRAD	REPUBLICAN	PUBLIC SERVICE COMMISSIONER DISTRICT 002	Won	\$26,983
WARNER, JOHN	NONPARTISAN	SUPREME COURT DISTRICT SW 002	Won - Retention Election	\$26,104
TOOLE, KEN	DEMOCRAT	SENATE DISTRICT 041	Won	\$23,956

# Marijuana Policy Project

From Wikipedia, the free encyclopedia

The **Marijuana Policy Project**, or **MPP**, is an organization in the United States whose stated aim is to minimize the harm associated with cannabis.<sup>[1]</sup> MPP advocates taxing and regulating the possession and sale of cannabis, arguing that a regulated industry would separate purchasers from the street market for cocaine, heroin, and other hard drugs.

The Marijuana Policy Project has organized several acts of civil disobedience. These efforts have included posting cease and desist letters at Drug Enforcement Administration buildings<sup>[2]</sup> and smoking cannabis at Congressional offices.<sup>[3]</sup> In at least one instance, the charges were dropped.<sup>[4]</sup>

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## History

MPP founders Rob Kampia and Chuck Thomas originally worked at the National Organization for the Reform of Marijuana Laws, or NORML. In 1995, after months of in-fighting, NORML director Richard Cowan fired Kampia, Thomas, and two other staffers who had been pressing Cowan for organizational change. Kampia and Thomas began creating their own organization, implementing the ideas they'd pushed at NORML.<sup>[5]</sup> On January 25, 1995, the two activists incorporated the Marijuana Policy Project (MPP) as a not-for-profit organization in the District of Columbia.<sup>[6]</sup> MPP has grown to 29,000 members and is the largest cannabis policy reform group in the United States. The organization has 36 staffers and an annual budget of about \$6 million, plus a separate \$1.5 million grants program.

## **Sex scandal**

In August 2009, seven MPP staffers quit over an alleged incident of sexual misconduct<sup>[7]</sup> by Kambia involving a female subordinate after an office happy hour. According to former employees, department heads at the organization unanimously asked Kambia to move into a different position than executive director over the incident.<sup>[8]</sup> Kambia was "encouraged" by the MPP Board of Directors to take a three-month leave of absence and his return is subject to "convincing the board he has dealt with his issues."<sup>[9]</sup>

## **Organization**

MPP, like many advocacy groups, is divided into two legal entities, one a lobbying group and the other an educational group. The public education branch can accept tax-deductible donations, while the lobbying group can use its funds to directly influence politicians. MPP receives substantial funding from Progressive Corporation executive Peter Lewis and technology entrepreneur/activist John Gilmore.<sup>[10]</sup>

## **Advocacy**

### **Ballot initiatives**

In 2002, the organization successfully challenged a decision by the District of Columbia Board of Elections and Ethics to bar Initiative 63, a medical cannabis petition, from the ballot. MPP was able to prove that it had, in fact, gathered enough signatures. However, a federal appeals court struck the measure from the ballot on unrelated grounds. Congress had already enacted a law, the Barr Amendment, that prohibited D.C. voters from decriminalizing cannabis, but a district court had ruled the law unconstitutional. The appeals court reversed the ruling, killing Initiative 63.<sup>[11]</sup>

MPP also provided the majority of funding for an initiative to regulate cannabis in Alaska, which failed with 44% of the vote (but still set the record for the largest vote to end cannabis prohibition in any state).

In November 2006, an MPP-supported medical cannabis initiative lost in South Dakota, with 52% voting "no"; This was the first time a medical cannabis ballot failed. MPP also funded a similar initiative that passed in Missoula County, Montana.<sup>[12][13]</sup>

### **California**

MPP also funded three successfully enacted measures in Santa Barbara, Santa Cruz, and Santa Monica, California, that "make cannabis possession the lowest law enforcement priority."

### **Massachusetts**

In November 2008, The marijuana policy project supported a ballot initiative in the state of massachusetts which was passed that eliminated criminal penalties for possession of an oz or less marijuana and replaced them with a civil fine. The measure also eliminated criminal offender (CORI) reports as they pertain to arrests for simple marijuana, which prior to the initiative could result in people being denied housing, jobs or loans for college.

## Montana

Later in 2004, MPP funded and ran the campaign that succeeded in passing a statewide medical cannabis initiative in Montana with 62% of the vote — the highest margin of victory for any of the medical cannabis initiatives that have passed in 10 states since 1996.

## Nevada

Another one of MPP's major projects was Measure 9, a 2002 initiative in Nevada to decriminalize the possession of three ounces of cannabis by adults aged 21 or over and regulate cannabis sales through retail establishments. The proposed constitutional amendment would also have mandated penalties for underage smoking and smoking in motor vehicles, casinos, and other specified areas.<sup>[14]</sup> Many cannabis advocates were not pleased with these clauses, which would have been difficult to change once engrafted in the state constitution.<sup>[15]</sup> The measure failed, garnering only 39% of the vote. Previous legalization initiatives had failed by wider margins, but those campaigns were not as well-funded. MPP blamed the measure's failure on law enforcement officers illegally campaigning during working hours, and unlawful interference by the federal drug czar.

MPP tried again in 2004 to get a similar measure on the Nevada ballot, but the firm hired to coordinate the campaign lost a box of signatures required to get the measure on the ballot.

MPP went on to place the measure on the state's 2006 ballot, spending almost one million dollars of out-of-state money to enact the new law<sup>[citation needed]</sup>. Question 7 in Nevada, if passed, would have allowed adults 21 and older to purchase, possess, and privately use up to one ounce of cannabis; it would have also set up a legal framework for taxing and regulating cannabis in a way similar to that of alcohol and tobacco.<sup>[16]</sup> However, the initiative failed to pass with 56% voting no and 44% voting yes.<sup>[17]</sup> MPP intends to run a similar measure in November 2012.

## Vermont

In May 2004, at the conclusion of MPP's intensive, three-year lobbying campaign, Vermont became the ninth state to enact a medical cannabis law — and only the second state to do so through its legislature, rather than through a ballot initiative. In the same year, the Alaska Supreme Court upheld a lower court ruling (issued one year before) that permits adults aged 18 and older to use and possess up to one ounce of cannabis in the privacy of the home — maintaining Alaska as the only state where the non-medical use of cannabis is legal in any context. The MPP grants program funded this litigation.

## War on Drug Czar

Deciding that government propaganda was a major obstacle to its ballot initiatives, MPP launched its "War on Drug Czar," filing numerous complaints against Office of National Drug Control Policy chief John P. Walters. In a December 5, 2002 Reuters article, Rob Kampia proclaimed, "We want him out of the picture. We want him excommunicated from the federal government forever".<sup>[citation needed]</sup>

The complaints, filed with state officials, focused on ONDCP leaders' visits to Alaska, Montana, Nevada, and Oregon. Director John Walters traveled to Nevada and Oregon and Deputy Director Scott Burns traveled to Alaska and Montana to speak against cannabis reform initiatives. However, they did not file any campaign expense reports, which laws in those states require for persons or organizations spending money to either support or oppose ballot measures.<sup>[18]</sup>

## Radio campaign

In July 2006 MPP launched a radio advertising campaign that calls out prominent public officials, including President George W. Bush, California Governor Arnold Schwarzenegger, former Vice President Al Gore, and Supreme Court Justice Clarence Thomas for using cannabis. The ad, which ran on 141 radio stations nationwide, asks: "Is it fair to arrest three quarters of a million people a year for doing what presidents and a Supreme Court justices have done?"

## See also

- Decriminalization of cannabis in the United States

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Categories: Organizations established in 1995 | Political advocacy groups in the United States | Cannabis legal reform organizations based in the United States

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Working to reform marijuana laws

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ABOUT NORML

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## NORML Mission Statement

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NORML's mission is to move public opinion sufficiently to achieve the repeal of marijuana prohibition so that the responsible use of cannabis by adults is no longer subject to penalty.

Adopted by the NORML Board of Directors, February 27, 1999

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updated: Feb 28, 2002

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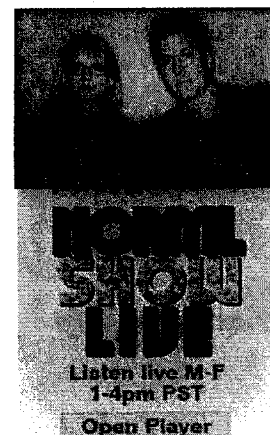
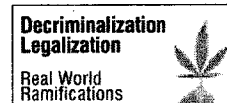
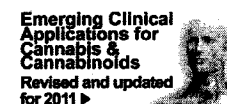
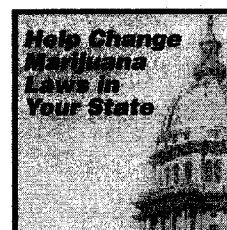
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### FROM THE BLOG

US Rep. Jared Polis (D-CO): "A lot of members of Congress privately agree" with drug law reform  
Tue, 06 Feb 2011

## INITIATIVE NO. 148

### A LAW PROPOSED BY INITIATIVE PETITION

This initiative would allow the production, possession, and use of marijuana by patients with **debilitating** medical conditions. Patients could use marijuana, **under medical supervision**, to alleviate the symptoms of conditions including cancer, glaucoma, and HIV/AIDS, or other conditions or treatments that produce wasting, severe or chronic pain, severe nausea, seizures, severe muscle spasms, or other conditions defined by the State. **A patient or the patient's caregiver** could register to grow and possess **limited** amounts of marijuana by submitting to the State written certification by a physician that the patient has a debilitating medical condition and would benefit from using marijuana. **There would be no measurable cost to state government from the approval of this initiative.**

☐ FOR allowing the **limited use of marijuana, under medical supervision**, by patients with **debilitating** medical conditions to alleviate the symptoms of their conditions.

☐ AGAINST allowing the limited use of marijuana, under medical supervision, by patients with debilitating medical conditions to alleviate the symptoms of their conditions.

*The language above is the official ballot language. The arguments and rebuttals on the following three pages have been prepared by the committees appointed to support or oppose the ballot measure. The opinions stated in the arguments and rebuttals do not necessarily represent the views of the State of Montana. The State also does not guarantee the truth or accuracy of any statement made in the arguments or rebuttals.*

*The PROPONENT argument and rebuttal for this measure were prepared by Representative Ron Erickson, Paul Befumo, and Robin Prosser.*

*The OPPONENT argument and rebuttal for this measure were prepared by Representative Jim Shockley and Roger Curtiss NCAC II, LAC.*

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### ARGUMENT FOR I-148

Currently, under Montana law, patients suffering from cancer, multiple sclerosis, AIDS, and other serious illnesses face six months in prison and a \$500 fine for using marijuana for medical purposes. If passed by a majority of Montana voters, I-148 would protect these patients from arrest and prison if they have their physicians' approval to use marijuana for medical purposes. **Perhaps most importantly, I-148 would allow patients to grow their own personal supply of marijuana so that they will no longer have to buy marijuana from the criminal market.**

I-148 is similar to the laws in nine states – Alaska, California, Colorado, Hawaii, Maine, Nevada, Oregon, Vermont, and Washington. In November of 2002, the investigative arm of Congress issued a report which found that these laws are working well and have not created problems for law enforcement officials. Like the laws in most of these nine states, I-148 would provide ID cards to legitimate patients so that police can easily distinguish between recreational marijuana users and legitimate medical marijuana users.

The American Nurses Association, the American Public Health Association, the American Academy of Family Physicians, and several state medical associations have all issued positions supporting the medical use of marijuana under physicians' supervision. Like the medical community, the American people also support medical marijuana. A national public opinion survey conducted by CNN and Time magazine in 2002 found that 80% of the American people "think adults should be able to use marijuana legally for medical purposes."

Statewide medical marijuana studies in California, Georgia, Michigan, New Mexico, New York, and Tennessee have found that marijuana is medically beneficial for many patients suffering from cancer or glaucoma. In 1999, scientists at the National Academy of Sciences issued a comprehensive report that analyzed these state studies and all other medical marijuana research, concluding, "Nausea, appetite loss, pain, and anxiety are all afflictions of wasting, and all can be mitigated by marijuana." This report was commissioned by the White House drug policy office.

Federal courts have recently ruled that (1) the federal government may not punish physicians who recommend medical marijuana to their patients, and (2) the federal government does not have the constitutional authority to arrest patients whose medical marijuana use is intrastate in nature.

Since 1978, the federal government has provided medical marijuana to a limited number of patients suffering from AIDS, glaucoma, multiple sclerosis, and rare bone disorders. Seven of these patients are still receiving monthly shipments of medical marijuana from the federal government. The federal government shouldn't be playing favorites. If it's okay for the federal government to use taxpayer money to send marijuana to these seven patients who live in California, Florida, Iowa, Nebraska, and Texas, then it should be okay for Montana patients to

use medical marijuana – **at no expense to the taxpayers.**

Montana voters should pass I-148, so that Montana patients who need to use medical marijuana will no longer have to live in fear of being arrested and sent to prison.

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### **ARGUMENT AGAINST I-148**

Marijuana is still a federally designated Schedule I Drug, meaning dangerous, having a high potential for abuse, and having no medical value, notwithstanding the creative attempts by those who seek its legalization and want to label marijuana use as "compassionate" in medical settings. This medical marijuana initiative undermines Montana's drug-enforcement priorities and our well-designed federal Food and Drug Administration system, and its rigorous scientific and medical process of approval of new drugs that protect the people of the United States from unsafe, ineffective drugs.

Marijuana is derived from the leaves and flowering tops of the Cannabis plant. It contains some 420 chemicals, most of which have never been studied by scientists. One cannabinoid, Delta-9-tetrahydrocannabinol (THC), was synthesized, tested, and approved by the FDA in 1985 for treating nausea in cancer patients and wasting in AIDS patients. This FDA-approved drug's trade name is Marinol.

Furthermore the respiratory difficulties associated with marijuana use preclude the inhaled route of administration as a medicine. Smoking marijuana is associated with higher concentrations of tar, carbon monoxide, and carcinogens than are found in cigarette smoking.

We need to be concerned with the legalization advocates' efforts to confuse the public about the difference between marijuana and legal medications prescribed and monitored by doctors. These advocates' assertions continue to contribute to the past decade's drop in the perception of marijuana's harmfulness, and this has resulted in an increase in marijuana use, other drug use, and drug addiction.

Even if Montana Initiative 148 should pass, there are still federal laws making it illegal to grow, sell, purchase or use marijuana even with a doctor's prescription.

Vote No on Initiative 148, the Montana Medical Marijuana Act.

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### **PROPONENTS' REBUTTAL OF ARGUMENT AGAINST I-148**

The opponents of Initiative 148 make many inaccurate and misleading statements. Here is the truth:

- The federal law that claims marijuana has no medical value was written by politicians – not doctors or scientists – and science has learned much since that law was enacted in 1970. A 1999 Institute of Medicine study, commissioned by the White House, found, "Nausea, appetite loss, pain, and anxiety ... all can be mitigated by marijuana."

**• Medical marijuana laws do not undermine law enforcement. Such laws are working successfully in nine states,** which comprise one-fifth of the U.S. population. When the

congressional General Accounting Office investigated the impact of state medical marijuana laws, most law-enforcement agencies reported that these laws had little or no impact on their law-enforcement activities.

**• Medical marijuana laws do not encourage teen drug use.** California passed the first state medical marijuana law in 1996, and teen marijuana use in California has dropped since then – even dropping by as much as 40% in some age groups.

- Medical marijuana laws do not undermine the FDA. The FDA never banned the medical use of marijuana; politicians in Washington, D.C., did. It was politicians who made the decision to arrest and jail cancer, multiple sclerosis, and AIDS patients who find relief through medical marijuana. Montanans can and should use the initiative process to fix the politicians' mistake.

Please vote "yes" on Initiative 148, the Montana Medical Marijuana Act.

### **OPPONENTS' REBUTTAL OF ARGUMENT FOR I-148**

The Food and Drug Administration has not approved marijuana as safe or effective for medical use. Every medicine that doctors prescribe must first be tested to prove that it is safe and effective, that it does what its manufacturer claims it does and that its benefits outweigh its risks. Contrary to the assertions of I-148 proponents, John A. Benson, Jr., Co-Principal Investigator of a National Academy of Sciences 1999 report, found that, "While we see a future in the development of chemically defined cannabinoid drugs, we see little future in smoked marijuana as a medicine." This report notes there are safer, more effective medicines for all diseases that advocates claim marijuana relieves. It calls for research and clinical trials of cannabinoids, but not whole marijuana, and warns that smoking is not an acceptable delivery system for any medicine.

Montana patients deserve the best medicine science can provide. Montana voters should defeat I-148.

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I know that you've already learned some of the following information, but I wanted to follow up on your request to Susan Fox about what voters would have seen on the ballot in 2004 regarding the medical marijuana initiative, I-148. The Secretary of State's Office has provided me with the following information.

1. The full text of an initiative is not required to be printed on a ballot. Instead, it was printed in the Voter Information Pamphlet that was mailed to every registered voter.
2. The law at the time required the following information to be printed on the ballot for a ballot issue: the number, the method of placement on the ballot, the title, the attorney general's explanatory statement, the fiscal statement, and the implications of a vote for or against the ballot issue
3. However, before a change to the law in 2007, counties could ask the Secretary of State's Office to print abbreviated language about initiatives on the ballot. This abbreviated language would have contained only the initiative number, title, fiscal statement, and the statements of an implication of a vote for or against the initiative. The Secretary of State's records show that 34 counties received approval to use this abbreviated language. Thus in those four counties, the following information appeared on the ballot:

There would be no measurable cost to state government from the approval of this initiative.

☐ FOR allowing the limited use of marijuana, under medical supervision, by patients with debilitating medical conditions to alleviate the symptoms of their conditions.

☐ AGAINST allowing the limited use of marijuana, under medical supervision, by patients with debilitating medical conditions to alleviate the symptoms of their conditions.

4. In the remaining 22 counties, the attorney general's explanatory statement also would have appeared on the ballot. That statement read as follows:

This initiative would allow the production, possession, and use of marijuana by patients with debilitating medical conditions. Patients could use marijuana, under medical supervision, to alleviate the symptoms of conditions including cancer, glaucoma, and HIV/AIDS, or other conditions or treatments that produce wasting, severe or chronic pain, severe nausea, seizures, severe muscle spasms, or other conditions defined by the State. A patient or the patient's caregiver could register to grow and possess limited amounts of marijuana by submitting to the State written certification by a physician that the patient has a debilitating medical condition and would benefit from using marijuana.

5. In the 34 counties that used the abbreviated language, the ballot language had to be prepared and distributed to each voter by an election judge, as the voter entered the polling place. So they would have received that information, but it would not have appeared on the ballot.

The Secretary of State's Office also had records showing which counties used the abbreviated language (for and against statements) and which used those statements and the attorney general's explanatory statement. The breakdown is listed below.

**For/Against Statement**

Big Horn

Blaine

Broadwater

Carbon

Custer

Dawson

Deer Lodge

Fallon

Fergus

Glacier

Hill

Jefferson

Lake

Lewis &amp; Clark

Liberty

Lincoln

Meagher

Mineral

Missoula

Park

Petroleum

Phillips

Ravalli

Roosevelt

Rosebud

Sanders

Sheridan

**For/Against Statement & Explanatory Statement**

Beaverhead

Carter

Cascade

Chouteau

Daniels

Flathead

Gallatin

Garfield

Golden Valley

Granite

Judith Basin

Madison

McCone

Musselshell

Pondera

Powder River

Powell

Prairie

Richland

Sweet Grass

Toole

Wheatland

Silver Bow

Stillwater

Teton

Treasure

Valley

Wibaux

Yellowstone

I hope that answers the questions you had. Please let me know if you have further questions.

# Teen marijuana use increases as cigarette sales decrease

- Story
- Discussion
- Image (2)

Teen marijuana use increases as cigarette sales decrease

By CINDY UKEN Of The Gazette Staff | Posted: Thursday, December 23, 2010 12:15 am | (82) Comments

## Effects of marijuana

Parents need to understand that marijuana is addicting and the effects of use include:

- Altered judgment and distorted thinking processes. Restricted blood flow to the brain results in taking riskier behavior.
- Suicidal thinking, depression and short attention span.
- A "memory" or craving in your system that leads to to addiction.
- Cravings for food and a need for increased sleep. Pot interferes with hormone and internal body regulation.
- Affected balance and perception of time.

Source: Montana Department of Public Health and Human Services

Full Story

Cigarettes or marijuana?

For teenagers across the country — and in Montana — the choice is apparently pot.

For the first time since 1981, the number of high school seniors reporting they had smoked marijuana in the past 30 days outnumbered those who said they had smoked cigarettes.

The rate of eighth-graders saying they have used an illicit drug in the past year jumped to 16 percent, up from last year's 14.5 percent, with daily marijuana use up in all grades surveyed, according to the 2010 Monitoring of the Future Survey.

For 12th-graders, declines in cigarette use accompanied by recent increases in marijuana use have put marijuana ahead of cigarette smoking by some measures. In 2010, 21.4 percent of high school seniors had used marijuana in the past 30 days, while 19.2 percent smoked cigarettes.

The National Institute on Drug Abuse this month issued the survey, an ongoing study of the behaviors, attitudes and values of American secondary school students, college students and young adults. Each year, a total of approximately 50,000 eighth-, 10th-, and 12th-grade students are surveyed.

Key findings in the 36th annual survey include:

Marijuana use, which had been rising among teens for the past two years, continues to rise again this year — a sharp contrast to the considerable decline of the preceding decade.

Ecstasy use, which fell out of favor in the early 2000s as concerns about its dangers grew, appears to be making a comeback.



Alcohol use — and, specifically, occasions of heavy drinking — continues its long-term decline among teens into 2010, reaching historically low levels.

The escalation of marijuana use comes as no surprise to Chris Simpson, school resource officer at Skyview High. It is a pervasive problem throughout the school district, which is a drug-free zone, as well as the community. The mixed message about the legalization of marijuana for medical purposes is a large part of the problem, he said.

Youths seeking a high will sometimes steal marijuana from those possessing a medical marijuana card. Simpson said students have confided in him how easy it is now to obtain the illegal drug since it has been legalized for medical purposes.

He said he and other school resource officers investigate every complaint and occasionally use drug-sniffing dogs.

Montana voters approved medical marijuana by initiative in 2004. The state, which a year ago had fewer than 4,000 medical marijuana patients, now has nearly 23,000 people with a medical marijuana cards. Growth and sale of the drug have become a booming business in the state. The law allows qualified patients and their caregivers to grow and/or possess a restricted number of marijuana plants.

Part of the spike in marijuana use also is youthful experimentation.

"Kids always have to have a trend that they like to party with, and marijuana seems to be the drug of choice right now," Simpson said. "Back in the '80s, it was keggers."

The uptick in marijuana use coincides with a downturn in cigarette sales, both in Montana and the rest of the nation. Cigarette sales in Montana declined from 71 million packs sold in fiscal year 1999, to 46 million packs in fiscal year 2010, a 35 percent drop. That is due partly to a massive education, prevention and marketing campaign.

"These high rates of marijuana use during the teen and pre-teen years, when the brain continues to develop, places our young people at particular risk," said Dr. Nora D. Volkow, director of the National Institute on Drug Abuse. "Not only does marijuana affect learning, judgment and motor skills, but research tells us that about 1 in 6 people who start using it as adolescents become addicted."

The state Department of Public Health and Human Services acknowledges that marijuana is making a strong comeback among high school students, with growing use and softening attitudes starting in eighth grade.

The 2010 Montana Prevention Needs Assessment suggests that marijuana use rises as the parental acceptability increases. Perceived peer acceptability of marijuana use also plays a role.

"The influence of parents and peers has a very strong correlation if youth are going to use marijuana," said Vicki Turner, director of the DPHHS Prevention Resource Center. "As parents, we need to step inward during those adolescent years because if we can keep them from using by age 19, their likelihood of using as an adult decreases drastically."